Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Sancta Maria Nursing Home
Centre ID:	0158
Centre address:	Parke Kinnegad Co. Meath
Telephone number:	044 9375243
Fax number:	044 9375223
Email address:	Santamaria@gmail.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Alan Shaw
Person in charge:	Brigid Moran
Date of inspection:	02 October 2009
Time inspection took place:	**Start:** 07:50 hrs **Completion:** 18:25 hrs
Lead inspector:	Nuala Rafferty
Support inspector(s):	Mary Mc Cann
Type of inspection:	☐ **Registration** ☒ **Scheduled** ☒ **Announced** ☐ **Unannounced**

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Sancta Maria is a purpose-built, single-storey building located on a four acre site. It provides accommodation for 44 residents.

The centre has 20 single en suite bedrooms, five single bedrooms without en suite facilities, eight two-bedded bedrooms and one three-bedded room.

There are two sitting rooms, a large dining room, an oratory and a smoking area. The centre has recently developed a landscaped garden which residents can access. The centre provides residential care to long stay and respite residents.

Location

Sancta Maria is situated just off the Edenderry to Kinnegad Road, two miles outside Kinnegad.

Date centre was first established:	20 / 11 / 2000
Number of residents on the date of inspection	40

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	14	12	7	7

Management structure

The person in charge is Brigid Moran. Sarah Cormican is the centre manager, working between Sancta Maria and one other centre. Both report to Alan Shaw, the provider. The person in charge is responsible for the day-to-day management of the service and supervises the nursing staff, health care assistants, kitchen, laundry, and domestic staff who in return report to her.

Staff designation	**Person in Charge**	**Nurses**	**Care staff**	**Catering staff**	**Cleaning and laundry staff**	**Admin staff**	**Other staff**
Number of staff on duty on day of inspection	1	2	9	3	3	1	1 centre manager

Summary of findings from this inspection

The inspection was an announced and triggered inspection. It was the first inspection of this centre by the Health Information and Quality Authority. A concern in relation to the care, safety and welfare of a previous resident of the centre was received by the Authority. As a result, the inspection focused on the issues raised in the concern in order to ensure that all residents were receiving a high standard of care and that their safety was ensured.

Overall the centre had a good standard of cleanliness and was well maintained. There was a good interaction between staff and residents. A number of initiatives were noted which aimed to increase the quality of life of residents and encourage connection with their families and the local community. An advocacy group had recently been established, including representatives of staff, residents and local clergy. A small shop was recently introduced for residents and, the centre actively facilitated and encouraged visitors.

An activities coordinator was specifically employed to deliver a programme of activities and organise excursions.

The inspection found that improvements were required in some aspects of care delivery particularly in relation to infection control practices, supervision of staff, risk assessment and medication management.

The Action Plan at the end of this report identifies areas where improvements are required to meet the requirements of the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009* and the *National Quality Standards for Residential Care Settings for Older People in Ireland.*

Residents' and relatives' comments

Inspectors spoke with 11 residents in the course of the inspection and also received four completed residents' questionnaires and three completed relatives' questionnaires.

Residents described their daily routine in the centre stating that they had their breakfast in bed, which they enjoyed because they "like to take it easy in the morning". They also stated they had a choice of food each day at lunchtime. Residents were positive about the care they received from staff and the informal atmosphere of the centre. They also spoke positively about their relatives being offered tea when they came to visit.

Residents said they felt cared-for and well looked after. They felt that there was usually enough staff to adequately provide for their needs. They spoke of how much they enjoyed using the garden when the weather was good. Some residents confirmed that a local Garda had come in during the week to enable them cast their vote in the Lisbon Treaty referendum, stating this was a very positive experience.

Residents described how they enjoyed mass and the use of the oratory “to say a few prayers”. Mass took place on the day of the inspection.

All relatives’ questionnaires received stated that if they had a complaint they would report it to “the manager or boss of centre”. Relatives’ questionnaires were positive about the centre with comments including “well run home”,” most welcoming on visiting”, “good food”, and “if I had any concern about my mother I discuss it with the person in charge and it is dealt with without delay”.

Residents commented positively on the care they were receiving in the centre and on the attitude of staff towards them.

When asked if there was anything they would like to see changed or done differently in the centre, two residents said they would like “more things to do”. One resident also stated she would like a bell in the sitting room.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

On arrival at the centre, the inspectors were asked to sign the visitor's book. A key-pad operated the security system, which is linked to the main door.

Hand sanitizers are strategically placed in the entrance lobby on either side of the front door.

Some improvements required

A property-list, detailing residents' personal possessions, was completed in respect of every resident on their admission to the centre. This list is signed by the staff member. However, it was noted that lists are not counter-signed by either the resident or a person authorised to do so on their behalf. It was also not evident that these lists were being updated on an ongoing basis.

A staff rota was available and inspected and was seen to include the names and working hours of all care, catering and cleaning staff. The names and working hours of the operations manager, activities coordinator and maintenance personnel were not included however.

Significant improvements required

Written operational policies and procedures were available in the centre. Inspectors reviewed these and noted that not all policies and procedures required in Schedule 5 of the *Care & Welfare in Designated Centres for Older People Regulations 2009* were available and some of those that are available did not meet the legislative requirements, for example the complaints policy.

The risk policies in place were not being adhered to as evidenced by the lack of communication with relatives of residents , see incidents below, and the failure to include monitoring arrangements required to identify, prevent and address risks.

A record of all accidents and incidents that occur was maintained. On review of those incidents which had occurred since July 2009, inspectors noted the following:

- five incidents had occurred resulting in skin tears to resident's lower legs during manual handling on transfer. GP referral or communication with family or advocates was not indicated
- three incidences were recorded where residents locked themselves into rooms and could not get out. One, where the resident locked himself into a toilet area, resulted in the lock being removed from the door in order for staff to gain access. On the other two occasions staff opened the bedroom door with a spare key.
- 12 falls, of which only two were communicated to relatives, and none of which were referred to a GP for review
- two occasions in which the same resident was found outside the centre unharmed however, communication with family was not indicated.

On review of the audit process, the inspector found that the audit did not analyse the reasons for the incidents nor identify any actions to prevent recurrence.

An emergency plan was not available to identify actions to be taken in the event of untoward circumstances which would necessitate an immediate response in order to ensure the safety, care and welfare of the residents.

The statement of purpose did not meet the requirements of the regulations in that it does not include all of the information required.

All fees payable by the residents were not included in the contract of care.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

An advocacy group had recently been established, including representatives of staff, residents and local clergy. The advocacy group organised a garden party in July in recognition of contributions received towards the development of the garden. This group meets monthly, an agenda is set, and the meeting is minuted. The most recent meeting (which had taken place in September 2009) focused on improving the type of activities provided for residents.

A small shop was recently introduced for residents in the centre. The shop opens at lunchtime, from Monday to Friday.

Inspectors observed good stores of food in the kitchen with lots of wholesome ingredients. There was a shelf for special dietary foods (for example, diabetic foods) and this was also seen to be well stocked.

Residents had breakfast in their bedrooms, which were served on trays with a teapot, sugar and milk separately for residents who were able to manage this. Residents spoke of how they enjoyed getting their breakfast in bed and getting up at their leisure. There were two lunch sittings. One inspector joined residents for lunch at the first sitting. There was a choice of main course and dessert. The food was positively commented upon by the residents. Any resident who required assistance to eat was given support by a member of staff. There was a high staff ratio in the dining area at the first sitting with a leisurely approach to the assistance being provided by staff to residents. Staff were aware of residents' specific needs during lunch.

The centre facilitated and encouraged visitors. Inspectors were told by residents and staff that there is no restriction to visiting the centre

All residents commented positively on the fact that mass took place in the centre every Sunday and on the first Friday of every month.

An activities coordinator delivers a programme of activities each Wednesday and Thursday. These include bingo, singing and exercise to music. Organised excursions

are also arranged and include day trips, reminiscence workshops and lunches. In the sitting room area there was an up-to-date notice board stating the television guide for the afternoon.

Residents said that they were very satisfied with how their clothes were laundered and ironed.

Some improvements required

Inspectors met and had conversations with several of the residents during the inspection. While chatting in the sitting room, inspectors observed staff serving afternoon refreshments. Residents were asked if they would like a drink but were not offered a choice of beverage. Where tea was served, staff added milk and/or sugar without consulting the resident or giving the resident the opportunity to flavour the tea to their own taste.

Resident's dependency levels were assessed by the person in charge on a monthly basis however, there was no evidence that these were incorporated into the care plans or used to inform and plan staffing levels to ensure the needs of the residents are met.

Significant improvements required

On review of nursing documentation the following was noted in relation to restraint practices:

- although the use of bedrails as a form of restraint is documented, the duration or date of review is not recorded.
- there was no evidence of assessment, monitoring or review. This raises general concerns but specifically, in the case of one resident, inspectors found this resident had been found on the floor on four occasions in a nine-day period even though bedrails were in use. On two of these occasions, staff found the resident on the floor by the bedside. All of these falls took place at night.
- there was no evidence of discussions with the resident, their relatives or advocates in relation to consent for use of physical restraint.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors were informed that the pharmacist came to the centre monthly with residents' medication. Medication is stored in a purpose-designed trolley that is locked near the nurses' station and is dispensed from blister packs. This is a long-standing arrangement and staff stated that it works well.

The centre has established good professional relationships with Health Service Executive (HSE) community services staff. One resident attends the local psychiatric out-patient clinic on a monthly basis, facilitated by the centre.

Some improvements required

Where care plans and risk assessments were in place, inspectors noted that these were not linked and inconsistencies, which could impact negatively on the care provided, were noted. For example, one resident's care plan stated a diabetic diet was required however, the nursing assessment stated the resident was to follow a normal diet. Care plans did not reflect any contribution from residents or from others involved in their care. Resident's views of their needs, and views of significant others were not included.

Significant improvements required

Infection control and medication management practices were observed to be poor as evidenced by:

- the lack of regular hand-washing practices between the delivery of personal care to individual residents and the use of personal protective equipment by staff while providing assistance with personal care to residents

- during the morning, the inspector spoke to the member of staff who has responsibility for the laundry. She stated that once soiled laundry is sluiced by the care staff it is placed in the linen bags with the non-soiled linen and both are washed together. This is inconsistent with the centre's infection control policy, which states: "all soiled and wet linen to be placed in an alginate or water-soluble bag before sending to laundry". Alginate or water soluble bags

were not used on the day of inspection**.** The present practice of laundering soiled and non-soiled linen together needs to cease immediately.

- disposable cloths were not in use in the centre. Wash cloths and towels were laundered and replaced in resident's rooms on a daily basis. Separate washcloths and towels identifiable by colour were used, white for face and hands and blue for the body. The washcloths and towels may present a cross infection risk as they are not identifiable for each individual resident and are not being laundered in accordance with the centre's infection control policy. Current infection control guidelines recommend that personal items such as towels and face cloths should not be shared

- three residents have been diagnosed with the same urinary tract infection. The residents' rooms are in close proximity. All are being treated with antibiotics. In two cases, the infections are recurrent. There was no written documentation that a referral to an infection control specialist had occurred

- education and training on evidence-based infection control practices were not evident in the staff training records viewed and on enquiry the inspector was advised by the operations manager that this training has not been provided for approximately two years

- medication records and charts were reviewed by inspectors. Medications were prescribed by the general practitioner but were not signed individually. On one prescription, medication was administered without the signature of a medical practitioner. On some of the medication charts there was no commencement date recorded by the prescriber. Although some of the medications were discontinued there was no signature or date of discontinuation recorded by the prescriber. The prescription chart and the administration chart were not consistent with regard to administration time. Some prescription charts had times noted for administration while others had BD (twice daily) or OD (once daily) and no specific time of administration recorded. There were green prescription charts for "as required" prescriptions and blue for regular prescriptions, however both charts are titled "regular prescriptions"

- during the morning administration of medication it was noted by the inspector that the drug trolley was left unattended on the corridor while the staff nurse went into the residents' room to give the resident her medication and also when the staff nurse went to get some preparations from the fridge. The staff nurse also informed the inspector that she signs for the "eye drops and creams but gives them out later when she has finished administering the other medications". This was contrary to An Bord Altranais guidelines and posed a potential risk to residents.

Minor issues to be addressed

There was a thermometer available in the drug fridge but no recording process in place to ensure that it was functional and was at the optimal temperature required to meet safety requirements.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

There was a good standard of cleanliness and the centre was well maintained. There was a small laundry room internally, and externally there is another laundry facility and storage supply area. The large sitting room to the right on entry is comfortable and well furnished. There is a CCTV system in operation which covers all exits.

Fire doors were well signed and routes were clear. There was an equipment register and the hoists were last serviced on 24 February 2009. Training records reviewed showed evidence of regular fire training.

There was a mortuary available and it was spacious and appropriately furnished. The garden was enclosed and was well maintained

The kitchen was clean and well stocked. The use of Hazard Analysis Critical Control Points (HACCP) was evident.

Significant improvements required

There was inadequate storage space. Three shower chairs, three commodes and a changing/linen trolley were being stored in one disabled toilet. This compromises the safety of residents accessing the toilet. It presents a risk of slips trips, and falls to residents.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

A separate handover report for nursing and care staff takes place between the day and night shifts each morning and evening. Inspectors attended both these handovers and found them to be detailed and informative. Both the person in charge and the operations manager attended the nurse's handover.

The daily newspaper was available in the sitting room. All residents had televisions and /or radios in their bedrooms and there was a large television and a music centre in the main sitting room.

Some improvements required

A copy of the centre's statement of purpose and residents' guide which includes all of the terms and conditions included in the contract of care were not available to residents.

While there was an activity coordinator who delivers an activity programme two days per week, a programme of meaningful activities is not in place to meet all of the needs, interests and abilities of all the residents. Residents are not informed in advance of the programme of activities so that they can decide to attend or not as they wish.

Through conversations with staff, inspectors found that staff meetings were held "a couple of times a year". Staff can set the agenda and request a meeting. The meetings are recorded. Management sometimes call meetings but these are not regular.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision

Evidence of good practice

Inspectors observed the interaction between staff and residents was good. Staff were patient with residents and respectful toward them.

One resident stated "all the staff are very friendly" and "you wouldn't hear a cross word from anyone".

Staff training has been provided in the areas of cardio-pulmonary resuscitation (CPR) and continence control and the majority of staff have viewed the HSE training video on the prevention, detection and reporting of abuse.

Fifteen care assistants have achieved a Further Education and Training Awards Council (FETAC) Level 4 award or another higher qualification.

Significant improvements required

The centre employs a full-time person in charge and clinical nurse manager. The clinical nurse manager is currently on a six-month leave period. The person in charge acknowledged that the management and clinical supervisory role of the clinical nurse manager has not been replaced.

Residents' bedrooms are aligned along two corridors. Two nurses were on duty with nine health care assistants. Each nurse with an allocation of care assistants was given responsibility for residents on a corridor when they came on duty each day. A nurse allocation system, such as primary nursing or a key worker system, was not in place in the centre. This does not allow for the continuous assessment, monitoring and evaluation of residents' changing healthcare needs or their personal and social preferences on an ongoing basis. It also negatively impacts on the review of care-planning based on changing needs whereby interventions required may not be implemented or discontinued as necessary. Some examples of this were noted on a review of care plans. In one instance, a care plan for pain management indicated the requirement for re-evaluation of the intervention within one week however, this did not take place for a further six weeks.

A separate care plan for skin integrity stated a need for daily review of skin discolouration in July. An entry in the nursing evaluation note in August stated the problem was resolved but the care plan had not been discontinued. Task allocation work systems such as this do not ensure continuity or quality of care for residents.

Supervision of the care practices of both qualified and unqualified staff was not evident on the day of inspection the lack of leadership contributed significantly to the deficits identified in infection control and medication management practices already outlined in this report.

Training records indicated that the last manual handling training was in 2003. However, the staff and the operations manager stated training was held annually. Staff interviewed stated they had received manual handling training last year but this was not documented.

The inspector observed staff assisting residents to go from the sitting room to the dining room for their lunch. Staff were assisting residents transfer from a seated to a standing position by placing their hands on the resident's upper arms and pulling them up out of the seat. This is an illegal lift under current manual handling guidelines.

On review of a sample number of staff employment records and in discussions with the centres operations manager and registered provider, the inspectors found that full employment history, proof of Garda vetting and three references were not available for staff employed in the centre from 2007 to 2009.
Staff are not provided with a written employment contract.

Report compiled by

Nuala Rafferty
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

21 October 2009

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report

Centre:	Sancta Maria
Centre ID:	0158
Date of inspection:	02 October 2009
Date of response:	23 November 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 *(*Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*

1.The provider is failing to comply with a regulatory requirement in the following respect:

Clinical practice in the areas of manual handling, infection control, medication management, risk management and wound management are not of a good standard and do not comply with contemporary evidence based practice

Action required:

The registered provider and the person in charge to develop and implement an education programme which ensures that all staff members have access to education and training to enable them to provide care in accordance with contemporary evidence based practice and which meets the needs of the resident profile on an ongoing basis.

Reference:

Health Act 2007
Regulation 17: Training and Staff development
Standard 24:Training and Supervision

Standard 14:Medication Management.	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All care staff receive induction training, manual handling training, CPR, elder abuse, incontinence training, nutritional training and over 50% of care staff have FETAC Level 5 training. All nursing staff receive induction training, manual handling, CPR, infection control, wound management, nutrition training, incontinence training, palliative care amongst other specific further education. A system of annual review and continuous improvement will be put in place to ensure updated good practice and continued learning. New courses have been booked.	8 weeks

2.The provider is failing to comply with a regulatory requirement in the following respect: The risk management policy in place is not comprehensive and is not been implemented throughout the designated centre An identification and assessment of all risks had not been carried out. The recording of accidents and incidents were not sufficiently detailed to provide the information required in Schedule 3 of the Care & Welfare in Designated Centres of Older People Regulations 2009
Action required: The registered provider shall develop and implement a comprehensive centre specific written risk management policy which assesses all risks throughout the designated centre and identifies the precautions, controls and monitoring arrangements required to control those risks. Registered provider to ensure that the risk management policy covers the identification, and assessment of risks throughout the designated centre and covers arrangements for the identification recording investigation and learning from serious or untoward incidents or adverse events involving residents The person in charge to ensure that the risk management policy is implemented consistently throughout the centre. The recording of all accidents and incidents in the centre to be reviewed and audited on a regular basis to ensure completeness and compliance with the regulations.

Reference: Health Act 2007 Regulation 27: Operating Policies and Procedures Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management System Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have developed a comprehensive centre specific written risk management policy. In the policy we have designed department specific tools to enable us to gather all risks throughout the nursing home. These assessments are evaluated on an ongoing basis and outcomes are learned and practice changed accordingly. We have based our tools on Hazard Identification, Risk Assessment and Risk Control	3 months

3. The provider has failed to comply with a regulatory requirement in the following respect: Provision of an appropriate level of clinical supervision being provided to qualified and unqualified staff given the layout of the centre and the profile of current residents.
Action required: The person in charge shall ensure that all staff members are supervised on an appropriate basis pertinent to their role.
Reference: Health Act 2007 Regulation 17: Training and Staff development Standard 23: Staffing Levels and Qualifications Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A recent appointment of a Clinical Nurse Manager complimented, not replaced, our existing management structure of Home Manager and Director of Nursing. The CNM has joined the nursing staff and for the majority of her	Completed

service to date has been rostered within the staff nurse compliment. This new role has not yet been developed as statutory leave was required. There has been no change to the clinical supervision of the Nursing Home since her appointment or since her absence on leave. It is envisaged the role will be fully developed on her return. We will review our staffing structure to ensure a direct and effective supervisory channel exists throughout the home.	

4. The provider is failing to comply with a regulatory requirement in the following respect A risk assessment was not carried out in respect of all occasions on which restraint was used. A record which included the nature of the restraint and it's duration in respect of each resident were not available.	
Action required: A comprehensive risk assessment to be completed prior to considering restraint. On each occasion that restraint is used, the reason, nature, duration and ongoing review of the restraint is to be recorded and maintained in a safe and accessible place The consent of the resident where they have capacity should be documented or the consent of the nearest relative or advocate.	
Reference: Health Act 2007 Regulation 25: Medical Records Regulation 31: Risk Management Procedures Standard 3: Consent Standard 26: Health and Safety Standard 29: Management System Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents Records	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Within our restraint policy we have a risk assessment tool which will be included in our care plan. This has a comprehensive assessment of all components of the use of restraint. On the day of the inspection 18 of 19 consents were signed by GP and residents or families concerned. This record was available for inspection.	4 weeks

5. The provider is failing to comply with a regulatory requirement in the following respect:

Continuous assessment, monitoring and evaluation of resident's changing needs are not reflected in the care plans. Care plans and risk assessments are not linked and are not consistent.
The care plans did not reflect resident's personal or social preferences and were not agreed with the residents.

Action required:

The person in charge shall ensure each resident's needs are set out in an individual care plan developed and agreed with each resident. The interventions required to meet the changing needs of residents to be continuously assessed, monitored and evaluated on an as required basis and no less frequently than every three months
The residents personal and social care needs to be included in the care plan.

Reference:

Health Act 2007
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11:The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All care plans are being reviewed and updated with each resident who is capable of agreeing such care otherwise relatives are consulted. The format of the care plan has been changed to reflect the personal and social preferences of the resident including risk assessment. Care plans will be reviewed no less frequently than every three months. This will ensure continuous assessment monitoring and evaluation of the residents changing needs and the care plans will be changed accordingly.	8 weeks

6. The provider is failing to comply with a regulatory requirement in the following respect

An emergency plan is not available.

Action required:

The registered provider shall ensure that there is an emergency plan in place for responding to emergencies.

Reference:

Health Act 2007
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: An emergency plan is being devised.	 4 weeks

7. The provider has failed to comply with a regulatory requirement in the following respect:

The administration of medication does not comply with 'Guidance to Nurses and Midwives on Medication Management, An Bord Altranais 2007.

Action required:

The registered provider and/or the person in charge to develop and implement a regular audit process on the administration of medication. Supervision, training and guidance to be provided to professional nursing staff on the administration of medication which includes best practice in relation to the prescribing, administration, storage and disposal of medication.

Reference:

Health Act 2007
Regulation 25: Medical Records
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management.
Standard 15: Medication Monitoring and Review.
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: All staff nurses will receive updated training in medication management, policies procedure and guidelines as per 'Guidance to Nurses and Midwives on Medication Management, An Bord Altranais 2007.' We will put in place a medication management audit.	8 weeks

8. The provider has failed to comply with a regulatory requirement in the following respect:

An accurate record of all medication prescribed, signed and dated by a medical practitioner was not available.

Administration of medication does not comply with 'Guidance to Nurses and midwives on Medication Management, An Bord Altranais 2007.

Action required:

The registered provider to develop and implement appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.
The person in charge shall ensure that staff are familiar with such policies and procedures.

An audit to be carried out on the administration of medication. Staff training to include best practice and guidance in relation to the prescribing, administration, storage and disposal of medication.

Reference:

Health Act 2007
Regulation 25: Medical Records
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management.
Standard 15: Medication Monitoring and Review.
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: This issue was rectified immediately and we will ensure that the policies that are in place will be complied with by all staff nurses.	8 weeks

We have ongoing discussions with GP's endeavouring to ensure best practice. We will put in place a medication management audit.	

9. The provider is failing to comply with a regulatory requirement in the following respect: The centre does not meet the legislative requirements in relation to recruitment and vetting procedures.	
Action required: Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.	
Reference: Health Act 2007 Regulation:18 Recruitment Standard:22 Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have reviewed and updated our policies and procedures relating to recruitment. We have submitted garda vetting forms for all existing and new staff. All external service suppliers have also sent garda vetting forms.	3 months

10. The provider is failing to comply with a regulatory requirement in the following respect: All of the policies and procedures required in Schedule 5 of the Care & Welfare regulations are not available and all policies are not updated to meet the legislative requirements
Action required: The registered provider shall ensure that the designated centre has all of the written and operational policies listed in Schedule 5 and that they meet the legislative requirements.

Reference: Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have all except three of these prescribed policies. The existing policies are being reviewed and updated. The absent policies are being developed and will be implemented.	3 months

11. The provider is failing to comply with a regulatory requirement in the following respect: There is inadequate storage space for equipment; consequently storage of equipment currently presents a hazard to residents.	
Action required: Provide adequate appropriate safe storage areas for equipment.	
Reference: Health Act 2007 Regulation: 19 Premises Regulation : 31 Risk Management Procedures Standard:25 Physical Environment Standard:26 Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A new storage facility is being constructed and will be available for storage of equipment.	1 month

12. The provider is failing to comply with a regulatory requirement in the following respect:

Institutional practice observed whereby residents right to consultation and choice were not respected when refreshments were been given to residents on the day of inspection.

Action required:

The registered provider and the person in charge to uphold the rights of residents to consultation and choice in all matters.
Freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

Reference:

Health Act 2007
Regulation 10: Residents Rights Dignity and Consultation
Standard 17: Quality of Life

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Whilst we totally agree with the general principle of choice and a residents absolute autonomy in decision making. We feel this point as expressed in the report does not accurately reflect the case in question. The way this is described in the report reads as if the resident got what the carer decided they wanted but in fact the carer knew the specific taste of the individual and served the correct beverage. We have implemented an 'ask before you pour' policy concerning beverages and acknowledge it is always better to ask rather than to assume.	Completed

13. The provider is failing to comply with a regulatory requirement in the following respect:

A programme of meaningful recreational activities is not in place to meet all of the needs of all the residents.

Action required:

Revise current programme of activity and devise specific programmes of meaningful activity which is specific to client's needs and abilities and is inclusive in nature.

Reference: Health Act 2007 Regulation 6: General Welfare and Protection Standard 10: Residents' Rights Dignity and Consultation Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There is an established activities programme Monday to Friday. External facilitators supply the majority of the schedule under the supervision of the Activities Co-ordinator. The Activities Co-ordinator has two fixed days on the roster and also attends at various other times as planned events dictate. We have initiated a process of review for residents to fill in specific likes and dislikes in regards to activities and leisure time.	4 weeks

14. The provider is failing to comply with a regulatory requirement in the following respect: Contracts of care do not include all fees that may be charged.	
Action required: Ensure all fees are included in all residents contract of care	
Reference: Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions.	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The contract of care has been updated.	Completed

15. The provider is failing to comply with a regulatory requirement in the following respect: The statement of purpose does not include all of the information required.	
Action required: Provide a statement as to the facilities and services which are to be provided By the registered provider for residents to include the matters listed in Schedule 1.	
Reference: Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The statement of purpose has been reviewed and is being updated.	4 weeks

16. The provider is failing to comply with a regulatory requirement in the following respect: Keep an up to date record of resident's personal property and possessions signed by the resident.	
Action required: The person in charge shall ensure that a record is kept of each resident's personal property signed by the resident and this record must be kept up to date.	
Reference: Health Act 2007 Regulation 7:Residents Personal Property and Possessions Standard 9: The Residents Finances	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A system of counter signing a list of residents items has been implemented. The admitting person and resident or relative signs the list. This list is updated quarterly to reflect any changes.	2 weeks

17. The provider is failing to comply with a regulatory requirement in the following respect: The staff rota does not include the working hours of all of the staff employed in the centre.	
Action required: The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty at any time during the day and night and that it is maintained.	
Reference: Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The roster has been changed to reflect the attendance of all staff.	Completed

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 29: Management Systems	A robust system of communication to be put in place for all staff to effectively deliver a quality learning and service driven environment
Standards 18: Routines and Expectations Standard 19: Meals and Mealtimes	Review the dining experience in line with best practice guidelines in the area of engagement and social interaction of residents.
Standard 15: Medication Monitoring and Review Standard 26: Health and Safety	Put in place such policies and procedures as may be required which ensures the safe storage at optimal temperatures of all refrigerated medications.

Any comments the provider may wish to make:

Provider's response:

We would like to acknowledge the professionalism and courtesy afforded to residents, relatives and staff of the Nursing Home by the inspectors during their visit.

At the end of the inspection we received feedback from the inspectors. In general the inspectors commented on the very good condition of the nursing home, how well looked after the residents were and in particular how kind the staff were to the residents.

Our inspection took place over one long day. We feel that an inspection carried out over a longer time frame, for example two days would facilitate a better understanding of the environment, care practices and the management of the nursing home.

As we implement these new standards we look forward to working more closely with the inspectors on their visits.

Provider's name: Alan Shaw
Date: 23 November 2009